

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
RESIDENT WHOLESALER CIGARETTE TAX REPORT

For Period beginning _____ and ending _____

NAME _____ LICENSE No. _____

		B-STAMPS	A-STAMPS	Other()	20's	25's	Other()
ALL UNSTAMPED CIGARETTE PURCHASES (packages)							
		STAMPS					
TAX INDICIA PURCHASES	NH						
	VT						
	ME						
	MA						
	OTHER						
					20's	25's	Other()
UNSTAMPED CIGARETTES RETURNED TO MANUFACTURER FOR CREDIT (packages)							
NON-TAXABLE SALES: (NH VETERANS HOME-MILITARY ONLY)							
		(DAMAGED)			(SALEABLE)		
		20's	25's	Other()	20's	25's	Other()
UNSTAMPED CIGARETTE INVENTORY (packages)							
		B-STAMPS	A-STAMPS	Other()			
TAX INDICIA INVENTORY AT END OF PERIOD - ALL STATES (Quantity)	NH						
	VT						
	ME						
	MA						
	OTHER						
METER READINGS							
ACCOUNTS PAYABLE DUE AS NHAS OF THE PERIOD END FOR TAX INDICIA PURCHASES:					\$		

Under penalties of perjury, I declare that I have examined this Report, and to the best of my belief it is true, correct and complete.

SIGNATURE OF COMPANY OFFICER (IN INK)

DATE

NH DEPT OF REVENUE ADMINISTRATION
 MAIL AUDIT DIVISION
 TO: PO BOX 457
 CONCORD, NH 03302-0457